

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ALLOWMENT		AFTER 2nd ALLOWMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1		1			
2		1				
3						
4		1				
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6		1				
7	1					
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TOTAL NO.	2		1		1	
TOTAL DEP.	5		1		1	
TOTAL	7	12/25/85	12/25/85	12/25/85	12/25/85	12/25/85

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100						
TOTAL NO.	2	12/25/85	12/25/85	12/25/85	12/25/85	12/25/85
TOTAL DEP.	5	12/25/85	12/25/85	12/25/85	12/25/85	12/25/85
TOTAL	7	12/25/85	12/25/85	12/25/85	12/25/85	12/25/85

Vonda M. Wallace
Paralegal Specialist

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)	09/462437					
						CLAIMS						
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
2		1					51					
3		1					52					
4		3					53					
5		18					54					
6		8					55					
7		1					56					
8							57					
9							58					
10							59					
11							60					
12							61					
13							62					
14							63					
15							64					
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42							91					
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48							97					
49							98					
50							99					
TOTAL IND.							100					
TOTAL DEP.												
TOTAL CLAIMS												